REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Indo American Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 924347

CITY, STATE and ZIP CODE
Houston, Texas 77292

2. FEC IDENTIFICATION NUMBER
C 00315812

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Apr 21 3 08 PM '97

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 19__		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 0	
(c) Total Receipts (from Line 19)	$ 8,000.00	$ 8,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,000.00	$ 8,000.00
7. Total Disbursements (from Line 30)	$ 7,622.59	$ 7,622.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 377.41	$ 377.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Randhir Sahni

Signature of Treasurer

Date
4-13-1997

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,000.00	8,000.00	11(a)
ii. Unitemized			11(a)
iii. Total (add i and ii) ➤	8,000.00	8,000.00	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	8,000.00	8,000.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,000.00	8,000.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,000.00	8,000.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share	622.59	622.59	21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	622.59	622.59	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	5,000.00	5,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤	1,000.00	1,000.00	29
29. Other Disbursements	7,622.59	7,622.59	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,000.00	7,000.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,000.00	8,000.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,000.00	8,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Indo American Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Balwanthrao M. Ratnala 2727 Manila Houston, TX 77043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ratnala & Bahl Inc. Occupation: Engineer Aggregate Year-to-Date > $ 1,000.00		$1,000.00
B. Jagat P. Kamdar 14314 Verde Mar Lane Houston, TX 77095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bear Creek Pediatric Clinic Occupation: Aggregate Year-to-Date > $ 1,000.00		$1,000.00
C. Dr. Suzan Jacobs 11662 Memorial Dr. Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 1,000.00		$1,000.00
D. Anil Aggarwal 4127 Marlowe Houston, TX 77043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vidicom, Inc. Occupation: Owner Aggregate Year-to-Date > $ 250.00	5/28/96	$250.00
E. Balwanthrao M. Ratnala 2727 Manila Houston, TX 77043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ratnala & Bahl, Inc. Occupation: Engineer Aggregate Year-to-Date > $ 1,250.00	6/1/96	$250.00
F. Naren Patel 5602 Dairy Brook Cove Sugar Land, TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Employed Occupation: Business Owner Aggregate Year-to-Date > $ 250.00	5/28/96	$250.00
G. Susheem P. Mehta 4707 Colchester Way Missouri City, TX 77459-2717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Systems Analyst Aggregate Year-to-Date > $ 250.00	5/28/96	$250.00

SUBTOTAL of Receipts This Page (optional) > 4,000.00

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full): Indo American Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Uma R. Gullapalli, M.D. 302 Creek Ridge Victoria, TX 77904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $250.00	5/26/96	$250.00
B. Jagat P. Kamdar 14344 Verde Mar Lane Houston, TX 77095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bear Creek Pediatric Clinic Occupation: Aggregate Year-to-Date > $250.00	5/28/96	$250.00
C. Randhir Sahni 10 Pine Tree Lane Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Llewelyn Davies & Sahni Occupation: Architect Aggregate Year-to-Date > $250.00	5/28/96	$250.00
D. Sarojini Gupta 7310 El-Cresta Dr. Houston, TX 77083 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Scholarly Publications Occupation: Aggregate Year-to-Date > $250.00	5/26/96	$250.00
E. Jay K. Raman, M.D. 6 White Pillars Lane Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Employed Occupation: Physician Aggregate Year-to-Date > $250.00	5/28/96	$250.00
F. Vinod C. Patel 3307 Williams Glen Dr. Sugar Land, TX 77479-2472 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Employed Occupation: Pharmacist Aggregate Year-to-Date > $250.00	5/28/96	$250.00
G. Yvonne / Joseph Sreshta 5718 Westheimer #1900 Houston, TX 77057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Employed Occupation: Insurance Sales Aggregate Year-to-Date > $250.00	5/28/96	$250.00

SUBTOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): Indo American Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dinkar Chhedar, 4919 Fitzwater Dr., Spring, TX 77373	Self Employed / Business Owner - Postal Boxes	5/28/96	$250.00
B. Minaxi Parekh, 107 Creekside Dr., Victoria, TX 77904-4110	Self Employed	5/30/96	$250.00
C. Jayarama S. Guntupalli, 4140 Oberlin Dr., Houston, TX 77005-3523	University of Texas Health Science Center / PHYSICIAN	5/29/96	$250.00
D. Kanakam Babu Inampudi, 11302 Hazen, Houston, TX 77072-4912	Astro Printing Inc / Business Owner	6/22/96	$100.00
E. Rana Dasgupta, 5663 Hillcroft St., Houston, TX 77036-2213	Allied American Insurance Agency / Insurance Sales	6/15/96	$50.00
F. Randhir Sahni, 10 Pine Tree Ln, Houston, TX 77024	Llewelyn Davies & Sahni / Architect	6/15/96	$250.00
G. Shobhana Kamdar, M.D., 7210 Half Penny, Houston, TX 77095	Bear Creek Pediatric Clinic / Physician	6/20/96	$300.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: $250.00 / $250.00 / $250.00 / $100.00 / $50.00 / $500.00 / $300.00

SUBTOTAL of Receipts This Page (optional) 1,450.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): Indo American Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jagdish C. Gupta, 6814 Menlo Dr., Houston, TX 77083	ABB Lummus Global	6/15/96	$200.**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200.00		
B. Ramesh Bhutada, 7706 Cortina Dr., Houston, TX 77083	Star Pipe, Inc / Business Owner	6/5/96	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $500.00		
C. Hemanti Shah, 1110 Ken Pl., Sugar Land, TX 77478	AB Construction / Construction	6/15/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 800.00

TOTAL This Period (last page this line number only) > 8,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Indo-American Political Action Committee

A. Full Name, Mailing Address and ZIP Code The Ritz-Carlton 1919 Briar Oaks Lane Houston, TX 77027	Purpose of Disbursement Dinner Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-28-96	Amount of Each Disbursement This Period $ 568.31
B. Full Name, Mailing Address and ZIP Code Sterling Bank P.O. Box 40333 Houston, TX 77240-0333	Purpose of Disbursement Bank Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-28-96	Amount of Each Disbursement This Period $ 54.28
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Indo American Political Action Committee

A. Full Name, Mailing Address and ZIP Code Larry Pressler Russell Senate Office Bldg. Washington, D.C. 20510	Purpose of Disbursement Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year) 5-28-96	Amount of Each Disbursement This Period $5,000.00
B. Full Name, Mailing Address and ZIP Code Sheila Jackson Lee 1520 Longworth House Office Bldg. Washington, D.C. 20515	Purpose of Disbursement House of Rep. Texas District Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-15-97
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 4-21-97

FEC FORM 70-2 (12/92)